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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2013Open to Public
Inspection

► Do not enter Social Security numbers on this form as it may be made public.
► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning, and ending**B Check if applicable**

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization**CT SOCIETY FOR RESPIRATORY CARE
C/O KIMBERLY FERRIS****D Employer identification number****51-0186652**

Number and street (or P O box, if mail is not delivered to street address)

538 PIEDMONT STREET

Room/suite

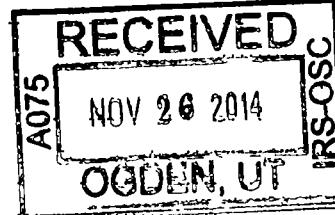
E Telephone number**203-904-3155**

City or town, state or province, country, and ZIP or foreign postal code

WATERBURY**CT 06706****F Group Exemption
Number ►****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ► WWW.CTSRC.ORG**J Tax-exempt status (check only one) —** 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527**K Form of organization:** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets**(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **73,380****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

1 Contributions, gifts, grants, and similar amounts received	1	2,100
2 Program service revenue including government fees and contracts	2	60,694
3 Membership dues and assessments	3	10,581
4 Investment income	4	5
5a Gross amount from sale of assets other than inventory	5a	
b Less cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	of contributions
c Less direct expenses from gaming and fundraising events	6c	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,380
10 Grants and similar amounts paid (list in Schedule O)	10	3,500
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	20,998
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	2,690
16 Other expenses (describe in Schedule O)	16	46,205
17 Total expenses. Add lines 10 through 16	17	73,393
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-13
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	35,649
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	35,636

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990-EZ (2013)

130

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35,427	22 35,636
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	222	24
25 Total assets	35,649	25 35,636
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35,649	27 35,636

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 PROVIDE INFORMATION AND CLINICAL UPDATES FOR THOSE INVOLVED IN THE RESPIRATORY CARE PROFESSION THROUGH GUEST SPEAKERS, SYMPOSIUMS AND MEETINGS. THE SERVICE IS PROVIDED TO APPROXIMATELY 600 MEMBERS.

(Grants \$) If this amount includes foreign grants, check here ► 28a 63,502

29 PROVIDE AN INFORMATIONAL NEWSLETTER ON RESPIRATORY CARE.

THIS SERVICE IS PROVIDED TO APPROXIMATELY 280 INDIVIDUALS AND 30 HOSPITALS.

(Grants \$) If this amount includes foreign grants, check here ► 29a

30 AWARD SCHOLARSHIPS TO THOSE QUALIFYING INDIVIDUALS ENTERING THE RESPIRATORY CARE PROFESSION.

(Grants \$ 3,500) If this amount includes foreign grants, check here ► 30a 3,500

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a)

3,500

67,002

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CONNIE DILLS VP-EXT AFFAIRS	0.00	0	0	0
NANCY MERKOURIOU VP - INTERNAL AFFAIR	0.00	0	0	0
KIMBERLY FERRIS SECRETARY	0.00	0	0	0
MAUREEN PARMELEE DELEGATE	0.00	0	0	0
LISA MARIANI PRESIDENT ELECT	0.00	0	0	0
AMY CHADWELL DIRECTOR	0.00	0	0	0
ANTONIO BUCKNER TREASURER	0.00	0	0	0
SUSAN ALBINO PRESIDENT	0.00	0	0	0
MARGARET GUERRERA DIRECTOR	0.00	0	0	0
KERRY MCNIVEN DELEGATE	0.00	0	0	0
MARIA GRAYSON DIRECTOR	0.00	0	0	0
PATRICIA HELD DIRECTOR	0.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____; section 4955 ► _____ 40b

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e X

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f

41 List the states with which a copy of this return is filed ► CT

42a The organization's books are in care of ► KIMBERLY FERRIS

Telephone no ► 203-576-5167

538 PIEDMONT STREET

Located at ► WATERBURY

CT

ZIP + 4 ►

06706

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

<input type="checkbox"/>	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

<input type="checkbox"/>	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<input type="checkbox"/>	48
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49a Did the organization make any transfers to an exempt non-charitable related organization?

<input type="checkbox"/>	49a
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b If "Yes," was the related organization a section 527 organization?

<input type="checkbox"/>	49b
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

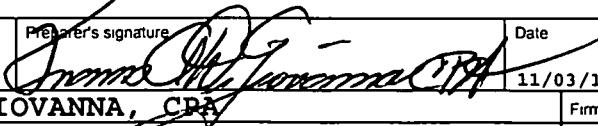
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer Kimberly Ferris	Date November 14, 2014
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name FRANCIS A. DIGIOVANNA CPA	Preparer's signature 	Date 11/03/14	Check <input checked="" type="checkbox"/> if self-employed PTIN P01438133
	Firm's name ► FRANCIS A. DIGIOVANNA, CPA		Firm's EIN ► 06-1139564	
	Firm's address ► 1773 EAST MAIN STREET WATERBURY, CT 06705		Phone no 203-753-5597	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**Department of the Treasury
Internal Revenue Service► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**Open to Public
Inspection**

Name of the organization

**CT SOCIETY FOR RESPIRATORY CARE
C/O KIMBERLY FERRIS**Employer identification number
51-0186652**FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES****DESCRIPTION** **AMOUNT****EXPENSES**

OFFICE EXPENSES	\$	806
WEB SITE MAINTENANCE	\$	200
TRAVEL	\$	6,309
ANNUAL SYMPOSIUM EXPENSES	\$	34,013
DIRECTOR MEETING EXPENSES	\$	412
HONORARIUM	\$	375
CONFERENCE REGISTRATIONS	\$	485
GENERAL MEETING EXPENSES	\$	556
INSURANCE	\$	2,389
CHARITABLE DONATIONS	\$	250
DUES & PUBLICATIONS	\$	410
TOTAL	\$	46,205

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CREDIT CARD OVERPAYMENT RECEIVABLE	\$ 222	\$ 0
TOTAL	\$ 222	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROMOTE THE PROFESSION AND HELP MAINTAIN THE KNOWLEDGE
OF THE MEMBERS WITHIN THE PROFESSION OF RESPIRATORY CARE.